

238302

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate  
John Doe dba Doe's Limo

Posted: ledDept: S.A.Date: 8/15/12Time: 10:30

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 314 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CYBH LLC DBA COASTAL STORAGE & MOVINGTelephone: 843-650-6802Address: 7269 HWY 107  
MYRTLE BEACH SC 29588Fax: 866-651-3634

Other: \_\_\_\_\_

Email: BERT HOLLEY@SC.PS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
AUG 10 2012  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 8/10/2012

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CYBH, LLC, DBA COASTAL STORAGE & MOVING

7369 HWY 707 MYRTLE BEACH SC 29588  
Street Address of Applicant

Mailing Address of Applicant (if different from street address) \_\_\_\_\_

843-650-6862

Phone

866-651-3634

FAX

BERT HOLLEY @ SC. RR. COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

ALBERT M HOLLEY 1810 POND RD MURRELLS INLET SC 29576  
CHRIS YOUNG 5606 Rosehall Dr., Murrells Inlet, SC 29576

## 4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

## 5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

## 7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2012

#### Assets:

Cash	24,954
Receivables	10,683
Real Estate	633,227
Buildings and Equipment (Net)	716,820
Motor Vehicles (Net)	31,000
Garage Equipment (Net)	3,500
Machinery and Tools (Net)	2,850
Supplies on Hand	2,230
Prepays and Other Assets	- 3,900
<b>Total Assets *</b>	<b>1,421,364</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	13,351
Notes Payable	1,017,104
Mortgages Payable	0
Equipment Obligations	31,000
Accrued Salaries and Wages	20,000
Other Accrued Obligations	251,605
Other Liabilities	
<b>Total Liabilities</b>	<b>1,333,060</b>
Capital Stock / <u>Net Income</u>	67,151
Retained Earnings	21,153
<b>Total Equity</b>	<b>88,304</b>
<b>Total Liabilities and Equity *</b>	<b>1,421,364</b>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$85.00 PER HOUR (2 MEN)

\$1.50 PER MILE

**COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED**

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

CYBH, LLC. DBA COASTAL STORAGE & MOVING

Name of Applicant

7269 HWY 707, MYRTLE BEACH, SC 29588

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \$15,000 MAX PER ANY ONE OCCURENCE

Cargo Insurance \$ 988.00

Limits \$15,000 MAX PER COVERED VEHICLE

\* Attach Certificate of Insurance if available.

CENTURY SURETY INSURANCE COMPANY

Name of Insurance Company

465 CLEVELAND AVENUE, WESTERVILLE, OH 43082

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

Date

  
Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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The following insurance quote is for:

CYBH, LLC. DBA COASTAL STORAGE & MOVING

Name of Applicant

7269 HWY 707, MYRTLE BEACH, SC 29588

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3,341.00

Limits \$1,000,000

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

ZURICH AMERICAN INSURANCE COMPANY

Name of Insurance Company

1400 AMERICAN DRIVE, SCHAUMBURG, IL 60196-1056

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

Date

[Signature]  
Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
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Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

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Exhibit Fit, Willing, and Able (FWA)ALBERT M HOLLEY

Name

231 2226

U.S.D.O.T No.

MC 789,350

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☐ No☒ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211.

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Audrey M. Holley  
Applicant's Signature

OWNER  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Georgetown )

SWORN TO BEFORE ME  
This 10<sup>th</sup> day of AUGUST, 2012

Audrey Holley  
Notary Public

Commission Expires 12/10/2012

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CYBH, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 9th, 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
9th day of May, 2005.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

CYBH, LLC

Mark Hammond

Filing Fee: \$110.00 ORIG.

South Carolina Secretary of S

MAY 09 2005

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

The undersigned deliver the following articles of organization to form a South Carolina Limited liability company pursuant to Section 33-44-202 and Section 33-44-203 of the 1976 South Carolina Code, as amended.

1. The name of the limited liability company which complies with § 33-43-105 of the South Carolina Code of 1976 as amended is CYBH, LLC.
2. The office of the initial designated office of the limited liability company in South Carolina is:

603 Plantation Drive

Street Address

Surfside Beach

City

Horry

County

29575

Zip Code

3. The initial agent for service of process of the limited liability company is

Christopher J. Yow

and the street address in South Carolina for this initial agent for service of process is:

603 Plantation Drive

Street Address

Surfside Beach

City

Horry

County

29575

Zip Code

4. The name and address of each organizer is:

(a) Christopher J. Yow

603 Plantation Drive

Street Address

Surfside Beach

City

Horry

County

29575

Zip Code

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:
6. ☐ Check this box only if management of the limited liability company is vested in a

manager or managers.

(a) Name  
Street Address  
City County ZIP

(b) Name  
Street Address  
City County ZIP

7. ☐ Check this box only if one or more of the members of the company are to be liable for debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability operating agreement.
10. Signature of each organizer:

Christopher J. Yow

Name

Christopher J. Yow

Name

Date: 5/6/05

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

# Federal Motor Carrier Safety Administration

## FORM OP-1

### HOUSEHOLD GOODS VETTING TEAM INFORMATION REQUEST

MC 789350 CYBH LLC/ COASTAL STORAGE AND MOVERS

SECTION V	<p><b>AFFILIATION WITH OTHER FORMER ICC, FHWA, OR OMCS; NOW FMCSA-LICENSED ENTITIES.</b> Disclose any relationship you have or have had with any other former ICC, now FMCSA-licensed entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)</p> <p style="text-align: center;">If you do not have affiliations, please enter none, sign, print and date as indicated</p> <p style="text-align: center; font-size: 1.2em;">NONE</p>	
Please sign and print name		
→		
→	<p>SIGNATURE <u>Albert M Holley</u></p> <p>PRINT <u>ALBERT M HOLLEY</u></p>	<p>DATE <u>6-8-12</u></p> <p>DATE <u>6-8-12</u></p>
SECTION VII	<p>This oath applies to all supplemental filings to this application.</p> <p style="text-align: center;"><u>The signature must be that of applicant, not legal representative.</u></p> <p style="text-align: center; font-size: 1.2em;">ALBERT M HOLLEY PRES.</p> <p style="text-align: center;">Name and title</p> <p>the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.</p> <p>I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).</p> <p>Finally, I certify that applicant is not domiciled in Mexico or owned or controlled by persons of that country. (Note: This portion of the Applicant's Oath does not pertain to Mexican passenger carriers seeking to provide charter and tour bus service across the United States - Mexico international border or U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide bus services between points in the United States.)</p>	
Please sign and print name		
→		
→	<p>SIGNATURE <u>Albert M Holley</u></p> <p>PRINT <u>ALBERT M HOLLEY</u></p>	<p>DATE <u>6-8-12</u></p> <p>DATE <u>6-8-12</u></p>

**APPLICANT'S OATH MUST BE SIGNED BY OWNER, PRESIDENT, CEO, OR OFFICER OF COMPANY ONLY**